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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000056675			
1. Corporation Name SOUTH FLORIDA BUSINESS MACHINES INC			
Principal Place of Business 1511 E COMMERCIAL BLVD 1 FORT LAUDERDALE FL 33334 US		Mailing Address 1511 E COMMERCIAL BLVD FORT LAUDERDALE FL 33334 US	
2. Principal Place of Business 21 P.O. Box 39274 Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 39274 Suite, Apt. #, etc. 27	
City & State 23 FORT LAUDERDALE Zip Country 24 33339 25 USA		City & State 28 FORT LAUDERDALE Zip Country 29 33339 30 USA	
9. Name and Address of Current Registered Agent POLLARI, RICHARD 1511 E COMMERCIAL BLVD STE 1 FORT LAUDERDALE FL 33334		10. Name and Address of New Registered Agent 81 Name RICHARD POLLARI 82 Street Address (P.O. Box Number is Not Acceptable) 83 4450 NE 13th AVE 84 City OAKLAND PARK FL 85 Zip Code 33334	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Richard Pollari</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE P NAME POLLARI RICHARD STREET ADDRESS 1511 E COMMERCIAL BLVD STE 1 CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE VP NAME STEVE ROBERTS STREET ADDRESS 1511 E COMMERCIAL BLVD STE 1 CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)